

SPECIFIC IMPLEMENTATION STRATEGIES	MEASURABLE	ACTION	RESPONSIBLE	RESULTS	TIME	ACTION Q1
Identified Priority Area: Access to Care						
Plan not to address: Provider reimbursement, high deductible plans/ co-pay costs/ lack of health insurance	The hospital does not have the ability to change reimbursement or insurance plans.	n/a	n/a	n/a	n/a	
Plan to Address: Improve access to primary care providers Improve number of Primary Care Providers in Perry Co. Evaluate & implement expanded urgent care services Evaluate & implement expanded primary care clinic hours, improving upon the “8 am -4 pm” primary care clinic model, Monday-Friday of PCMH clinics.	Expand the number of primary care Providers from 3 employed primary care physicians and 4 employed FNP’s Expand primary clinic hours of service beyond the “8am – 4am” Monday through Friday employed clinic hours of service	Engage in professional search firms to recruit additional FNP’s and additional primary care physicians Recruit the Director of Clinic Operations Evaluate an urgent care model across the clinics at TCC, Troy and Cannelton for the hours of 8 am to 4 pm Monday-Friday for all patients.	CEO CEO Director of Clinic Operations	Increase total number of primary care providers from 7 & sustain Increase number of pts seen in the primary care clinics Hire & retain the Director of Clinical Operations Expand clinic hours beyond Monday-Friday 8am-4pm. TCC does not open at 7am. Improve urgent care so patients & local businesses do not have to access the ED for non-emergent services	Begin recruitment with professional search firms in 2016 Complete recruitment of Director of Clinic Operations in 2016 Quantify improvement and measure provider retention annually over the next 3 years	3 FNP’s recruited and oriented Dir. Of Clinic Ops recruited and oriented Evening clinic hours began 1/3/17 (extended 4:00pm-8:00pm) Primary Care Clinic visits increased 26% Q1 2017 over Q1 2016



SPECIFIC IMPLEMENTATION STRATEGIES	MEASURABLE	ACTION	RESPONSIBLE	RESULTS	TIME	ACTION Q1
Identified Priority Area: Programs & Resources for Mental Health Services						
<p>Plan to address: Evaluate options for improving access to behavioral health services including geriatric psych, tele-psych & recruitment of additional providers</p> <p>Evaluate & document baseline measurement criteria for access, document the issues with access for an appointment for mental health providers</p>	<p>Improve access to mental health providers & services measures by; 1.) improved number of providers 2.) positive response from community and primary care providers regarding the ease of access 3.) improve upon baseline measurement determined in the specific actions defined above</p>	<p>Measure & develop baselines for “time to access” -</p> <p>Measure & develop a baseline for number of providers -</p> <p>Continue collaborative discussions with Southern Hills</p>	<p>CEO</p> <p>CEO</p> <p>CEO & DON</p>	<p>Evaluation of improved mental health services with baseline measurements</p> <p>New program opportunities are reviewed & implemented as appropriate</p>	<p>2017</p> <p>2017 & ongoing</p>	<p>Contract with Telepsych Service signed</p> <p>Office space renovation began March, 2017</p> <p>Sources evaluated for Telepsych options Jan, 2017</p> <p>Decision made to develop Telepsychiatry service and not to pursue Geriatric Psychiatry</p>
	<p>Evaluate collaborative relationships for improvement to access with other providers-including tertiary hospitals</p>	<p>Evaluate sources for tele-psych options</p>	<p>CEO</p>	<p>Complete the evaluation of geriatric psychiatry services</p>	<p>2016</p>	
	<p>Evaluate tele-psych options</p>					

Action Steps: Professional Shortage Updated 3.31.2017



SPECIFIC IMPLEMENTATION STRATEGIES	MEASURABLE	ACTION	RESPONSIBLE	RESULTS	TIME	ACTION Q1
Identified Priority Area: Programs and Resources for Chronic Disease Management						
<p>Plan to address: Define chronic disease management and the chronic diseases to be managed, measured and improved by 2017 Use IHA, local population health information and information obtained through the Rural Accountable Care Organization to define & identify chronic disease and determine which diseases to focus Determine baseline measures for CDM illnesses identified</p>	Determine chronic disease to be evaluated and measured.	Determine chronic disease	CEO, Director of Clinic Operations, ACO, Internal Med Physician	Measured after establishing definitions, measurable and systems for improvement	2017	
	Determine baseline measurement criteria and measures for improvement	Determine baseline measurement criteria	CEO, Director of Clinic Operations, ACO, Internal Med Physician		2017-2018	
	Measure improvement	Determine realistic improvement goals			2018	
		Implement systems to improve			2018	

**Action Steps: Healthcare Access
Updated 3.31.2017**



SPECIFIC IMPLEMENTATION STRATEGIES	MEASURABLE	ACTION	RESPONSIBLE	RESULTS	TIME	ACTION Q1
Identified Priority Area: Improved Access to Prenatal Care						
<p>Plan to Address: Provide improved access to Dr. Cornejo and PCMH OB services for prenatal care.</p> <p>Improve community education about the availability and access to local prenatal care.</p>	<p>Quantify clinic visits and births at PCMH for 2015 and 2016</p> <p>Measurement monthly via clinic visits with comparison to past monthly clinic volumes</p> <p>Measurement of annual births in '17, '18 and '19 with comparison to historical birth volume</p>	<p>Ask new clinic patients how they learned of Perry County OBGYN</p> <p>Quantify improvement in the number of clinic visits and births at PCMH 2017, 2018, 2019</p> <p>Develop and implement an OB marketing campaign for Perry County OBGYN & PCMH OB services</p> <p>Develop an OB Clinic and service community outreach plan</p>	<p>PCMH OBGYN staff & Dir. Of Mrktg.</p> <p>VP Nursing OB Nurse Mang</p> <p>VP Nursing Dir. Of Mrktg</p> <p>OBGYN, VP Nursing, Dir. of Mrktg.</p> <p>VP Nursing Dir. Of Mrktg</p>	<p>Increase of community awareness</p> <p>Increase of community awareness</p>	<p>October, 2016</p> <p>October, 2016</p> <p>October, 2016 – 2017</p> <p>2017-2018</p> <p>2017-2018</p>	<p>System developed to track new patient referral sources, Nov 2016</p> <p>(2) billboards, radio Ads, newspaper ad (1/wk), Facebook geotargeting initiated Jan, 2017</p> <p>2x events @health fair</p>



SPECIFIC IMPLEMENTATION STRATEGIES	MEASURABLE	ACTION	RESPONSIBLE	RESULTS	TIME	ACTION Q1
Identified Priority Area: Improved number of Primary Care Physicians						
<p>Plan to Address: Improve access to primary care providers Improve number of Primary Care Providers in Perry Co. Evaluate & implement expanded urgent care services Evaluate & implement expanded primary care clinic hours, improving upon the “8 am -4 pm” primary care clinic model, Monday-Friday of PCMH clinics.</p>	Expand the number of primary care Providers from 3 employed primary care physicians and 4 employed FNP’s	Engage in professional search firms to recruit additional FNP’s and additional primary care physicians	CEO	Increase total number of primary care providers from 7 & sustain	Begin recruitment with professional search firms in 2016	3 FNPs recruited and successfully implemented Changed search firms for physician recruitment
	Expand primary clinic hours of service beyond the “8am – 4am” Monday through Friday employed clinic hours of service	Recruit the Director of Clinic Operations	CEO	Increase number of pts seen in the primary care clinics Hire & retain the Director of Clinical Operations		
			Evaluate an urgent care model across the clinics at TCC, Troy and Cannelton for the hours of 8 am to 4 pm Monday-Friday for all patients.	Director of Clinic Operations	Expand clinic hours beyond Monday-Friday 8am-4pm. TCC does not open at 7am. Improve urgent care so patients & local businesses do not have to access the ED for non-emergent services	Quantify improvement and measure provider retention annually over the next 3 years



SPECIFIC IMPLEMENTATION STRATEGIES	MEASURABLE	ACTION	RESPONSIBLE	RESULTS	TIME	ACTION Q1
Identified Priority Area: Improved Recruitment and Retention of EMS						
Plan to Address: Expand EMS services to a second Perry County location Increase the number of EMS employees Retain the number of EMS employees	Expand EMS services by adding 1 North garage	Decrease in response time for patients served in the “northern” part of the county	EMS Dir. & VP Clinical Serv.	Implementation of North garage opened in Fall, 2016	2016	Continuation of decreased response time due to North station implemented
	Increase number of EMS employees to fit the need of both stations		EMS Dir. & VP Clinical Serv.	Hiring of new staff – orientated and trained	2017-cont.	Full staff hired and oriented
	Retain number of EMS employees to fit the need of both stations	Increase in number of EMS transports to PCMH Increase in total number of transfers/”runs” to all locations	EMS Dir. & VP Clinical Serv.	Continuous retention of staff	2016-cont.	Full staff hired and oriented

Action Steps: EMS Recruitment & Retention
 Updated 3.31.2017

